

FEET TRANSMITTAL for FY 2002

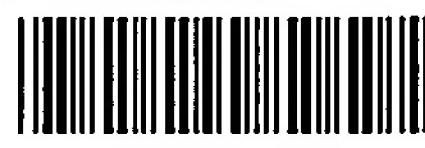
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,960.00)

Complete if Known	
Application Number	09/678,159
Filing Date	October 2, 2000
First Named Inventor	Keting Chu
Examiner Name	Phillip Gabel, Ph.D.
Group Art Unit	1644
Attorney Docket No.	PP-01581.002 / 200130.494

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																															
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="2">Other fee (specify) _____</td></tr> <tr> <td colspan="2">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3)</td> <td>(\$ 1,960.00)</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	320	219	160	120	320	220	160	121	280	221	140	138	1,510	138	1,510	140	110	240	55	141	1,280	241	640	142	1,280	242	640	143	460	243	230	144	620	244	310	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	740	246	370	149	740	249	370	179	740	279	370	169	900	169	900	Other fee (specify) _____		*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 1,960.00)
Large Entity		Small Entity																																																																																																																															
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																														
105	130	205	65																																																																																																																														
127	50	227	25																																																																																																																														
139	130	139	130																																																																																																																														
147	2,520	147	2,520																																																																																																																														
112	920*	112	920*																																																																																																																														
113	1,840*	113	1,840*																																																																																																																														
115	110	215	55																																																																																																																														
116	400	216	200																																																																																																																														
117	920	217	460																																																																																																																														
118	1,440	218	720																																																																																																																														
128	1,960	228	980																																																																																																																														
119	320	219	160																																																																																																																														
120	320	220	160																																																																																																																														
121	280	221	140																																																																																																																														
138	1,510	138	1,510																																																																																																																														
140	110	240	55																																																																																																																														
141	1,280	241	640																																																																																																																														
142	1,280	242	640																																																																																																																														
143	460	243	230																																																																																																																														
144	620	244	310																																																																																																																														
122	130	122	130																																																																																																																														
123	50	123	50																																																																																																																														
126	180	126	180																																																																																																																														
581	40	581	40																																																																																																																														
146	740	246	370																																																																																																																														
149	740	249	370																																																																																																																														
179	740	279	370																																																																																																																														
169	900	169	900																																																																																																																														
Other fee (specify) _____																																																																																																																																	
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 1,960.00)																																																																																																																														
<input type="checkbox"/> Deposit Account: Deposit Account Number 19-1090 Deposit Account Name Seed Intellectual Property Law Group PLLC		The Commissioner is authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																																																																																																																															
FEE CALCULATION																																																																																																																																	
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td colspan="2">(\$ 0)</td></tr> </tbody> </table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	740	201	370	106	330	206	165	107	510	207	255	108	740	208	370	114	160	214	80	SUBTOTAL (1)		(\$ 0)																																																																																															
Large Entity		Small Entity																																																																																																																															
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																														
101	740	201	370																																																																																																																														
106	330	206	165																																																																																																																														
107	510	207	255																																																																																																																														
108	740	208	370																																																																																																																														
114	160	214	80																																																																																																																														
SUBTOTAL (1)		(\$ 0)																																																																																																																															
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Independent Claims</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Multiple Dependent</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <th colspan="4"> Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description </th> </tr> <tr> <td>103</td><td>18</td><td>203</td><td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td><td>84</td><td>202</td><td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td><td>280</td><td>204</td><td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td><td>84</td><td>209</td><td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td><td>18</td><td>210</td><td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td colspan="2">(\$ 0)</td> </tr> </tbody> </table>				Total Claims	Extra Claims	Fee from below	Fee Paid	[]	[]	[]	[]	Independent Claims	[]	[]	[]	Multiple Dependent	[]	[]	[]	Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description				103	18	203	9	Claims in excess of 20	102	84	202	42	Independent claims in excess of 3	104	280	204	140	Multiple dependent claim, if not paid	109	84	209	42	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)		(\$ 0)																																																																														
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																														
[]	[]	[]	[]																																																																																																																														
Independent Claims	[]	[]	[]																																																																																																																														
Multiple Dependent	[]	[]	[]																																																																																																																														
Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description																																																																																																																																	
103	18	203	9	Claims in excess of 20																																																																																																																													
102	84	202	42	Independent claims in excess of 3																																																																																																																													
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																													
109	84	209	42	** Reissue independent claims over original patent																																																																																																																													
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																													
SUBTOTAL (2)		(\$ 0)																																																																																																																															

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				 00500 PATENT TRADEMARK OFFICE
Name (Print/Type)	Jane E. R. Potter	Registration No. Attorney/Agent	33,332	
Firm Name/ Address				
Signature	Julie Urata 5046		Date May 13, 2002	

(JEP:cw) #255650



05-14-02

Express Mail No. EV064987272US

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/678,159
Filing Date	October 2, 2000
First Named Inventor	Keting Chu
Group Art Unit	1644
Examiner Name	Phillip Gambel
Attorney Docket No.	PP-01581.002 / 200130.494

9P/644

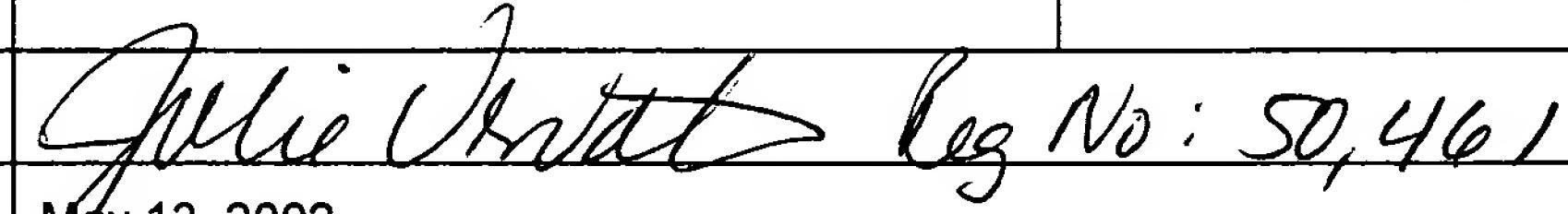
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group _____ <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____

Remarks

TECH CENTER 1600/2000

MAY 21 2002

RECEIVED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Jane E. R. Potter 	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	May 13, 2002	

(JEP:cew) #255652